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Attorney Docket No. 35417-8003.US00

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date: February 15, 2007

By: 

Susan L. Baka

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE APPLICATION OF:

GANAPATHY ET AL.

APPLICATION NO.: 10/786,346

FILED: February 24, 2004

FOR: SYSTEM AND ARCHITECTURE  
FOR MANAGING DISTRIBUTED  
DESIGN CHAINS (AS AMENDED)

EXAMINER: FERGUSON, DENISE

ART UNIT: 3623

CONFIRMATION No: 3841

**Transmittal of Petition to Revive Unintentionally  
Abandoned Application Under 37 C.F.R. § 1.137(b)**

Mail Stop Petition  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

1. Transmitted herewith are the following:

- ☒ Petition to Revive Unintentionally Abandoned Application;
- ☒ Amendment & Response
- ☒ Return Postcard.

2. Conditional Petition for Extension of Time:

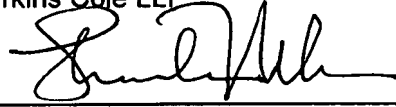
Applicant petitions for an Extension of Time, if necessary, for timely submission of this transmittal and enclosures.

05/13/2007 CXLBK  
00000002 502207 10786346  
510.00 CR

3. Provisional Fee Authorization

Please charge \$750.00 for filing fee and any underpayment in fees for timely filing of this transmittal and enclosures to Deposit Account No. 50-2207.

Respectfully submitted,  
Perkins Coie LLP



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Shaalu Mehra  
Registration No. 44,934

Date: February 15, 2007

**Correspondence Address:**

Customer No. 22918  
Perkins Coie LLP  
P.O. Box 2168  
Menlo Park, California 94026  
(650) 838-4300

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>6-15-07</u>		2 Serial/Patent # <u>10/786,346</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time		2-21-07	\$ 510
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
7 TOTAL AMOUNT OF REFUND			\$ 510	
8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
	Overpayment	Credit Deposit A/C #:		
	Duplicate Payment	9 <span style="border: 1px solid black; padding: 2px;">5</span> <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">--</span> <span style="border: 1px solid black; padding: 2px;">2</span> <span style="border: 1px solid black; padding: 2px;">2</span> <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">7</span>		
	No Fee Due (Explanation):			
Extension not necessary.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: Karen Creasy		TITLE: Petitions Examiner		
SIGNATURE: <u>K Creasy</u>		PHONE: 2-3208		
OFFICE: Petitions				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>CKHOK</u>		DATE: <u>6/18/07</u>		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*